# FOREIGN NATIONAL/FOREIGN REPRESENTATIVE VISIT REQUEST

PRINT OR TYPE ALL INFORMATION REQUIRED BELOW AND ON REVERSE OF THIS FORM

**1.** Permission is requested for the following individual to access the Marshall Space Flight Center as an international visitor:

| Date of Request: | Date(s) of Proposed Visit | |
|---|---|---|
| | From: | To: |

| Name (Please Print) - (Last, First, Middle): | Date of Birth (Mo/D/Yr): | Place of Birth: |
|---|---|---|

| Residence Address: | Citizenship: | | Visa Type: |
|---|---|---|---|
| | Passport Number: | Expiration Date: | Alien Registration Number: |

**VISITOR SHOULD BE PREPARED TO PRESENT PASSPORT UPON ARRIVAL AT MSFC**

Visitor's Title:

| Organizational/Business Affiliation: | ☐ U.S. Owned ☐ Foreign Owned | Address of Affiliation: |
|---|---|---|

Purpose of Visit/Area(s) of Interest and MSFC buildings to be visited:

Other NASA Facility(ies) to be visited:

**2.** MSFC POINT OF CONTACT

| Name (Please Print) - (Last, First): | Organization: |
|---|---|

| Phone Number: | FAX Number: | Agreement/Contract/Grant Number: |
|---|---|---|

☐ Agree to receive visitor on the date(s) above     ☐ Will not/Cannot see proposed visitor

Comments: _____

This visit will not provide exposure or access to classified, sensitive or any information subject to export control laws.

| Signature: | Date: | Building/Room: |
|---|---|---|

**3.** CENTER EXPORT REPRESENTATIVE

☐ Concur     ☐ Do not concur with visit request

Comments: _____

| Signature: | Date: | Phone: |
|---|---|---|

**4.** PROTECTIVE SERVICES OFFICE

| Accreditation Number: | Date Notified: | Signature: |
|---|---|---|
| Badge Number: | Type: | Date: |
| Name of Escort (Please Print): | Signature of Escort: | Escort's Badge Number: |

Remarks:

☐ BXA     ☐ to ESC     ☐ 4312     ☐ IVAN
☐ IPES    ☐ MSFC Accred.     ☐ 4200

MSFC Form 4336 (Rev. December 2000)   **(FOR VISITOR COMPUTER ACCESS, COMPLETE INFORMATION ON REVERSE OF THIS FORM)**   PDF

# COMPUTER SYSTEMS ACCESS REQUEST

### *(COMPLETE ONLY IF VISITOR NEEDS ACCESS TO MSFC COMPUTER SYSTEMS)*

| Name (Please Print) - (Last, First, Middle): | Date(s) of Proposed Visit | |
|---|---|---|
| | From: | To: |

**5.**                                           **SYSTEM(S) TO BE ACCESSED**

| System Name | Location | Access Level* | NASA Line Manager |
|---|---|---|---|
| | | | |
| | | | |

**6.**                  **APPLICATION(S) TO BE ACCESSED ON ABOVE SYSTEMS**

| Application Name | Access Level* | Application Owner |
|---|---|---|
| | | |
| | | |
| | | |

**7.**                                    **JUSTIFICATION FOR ACCESS**

Exact Nature of Job Assignment Requiring Access (Include Grant, MOU, Contract or Agreement Number):

**8.**    **DESCRIPTION OF ACCESS CONTROLS PROPOSED TO BE IMPLEMENTED DURING REQUESTED IT SYSTEM/APPLICATION ACCESS**

| Physical (escort, locks, etc.): | File and/or System (passwords, folder/file limits, etc.): |
|---|---|
| | |

**9.**                                    **CERTIFICATION / CONCURRENCE**

Approval is granted for access to the Information Technology System(s) named, at the access levels defined, subject to implementation of adequate access controls, for the purposes and time periods described in this request.

| IT System Line Manager (Printed or Typed Name and Signature): | Date: |
|---|---|
| | |

Adequate IT system technical controls will be implemented to restrict system and/or information access as described in this request.

| IT System Administrator (Printed or Typed Name and Signature): | Date: |
|---|---|
| | |

*Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S. Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution.*

| Foreign Visitor's Signature: | Date: |
|---|---|
| | |

**10.**                       **\* ACCESS LEVEL DESCRIPTIONS  (For further information see MPG 2810.1a)**

**PRIVILEGED ACCESS**: Can bypass or modify the technical or operational system security controls (system-administrator level access, root-level account, or maintenance-account level access to all system controls and resources).

**LIMITED PRIVILEGED ACCESS**: Can bypass security controls for part of a system or application but not the entire system or application (access to controls for certain system resources or applications, excluding root-level or maintenance-account level accesses).

**NON-PRIVILEGED ACCESS**: Cannot bypass any security controls (user-level accesses to applications and limited systems resources only).